FOR STATE HEALTH DEPT.

inecessory, please of director. Page if your files. ord of Health, EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the "difficulte, writing the ward "glending" in penal in flem, 18. Give Pages 1, 2, and 3 to the funeral tendent to warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relating FUNERAL—"RECTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to barial, cremation, or removal, and is any event within 72 hours ofter death. I

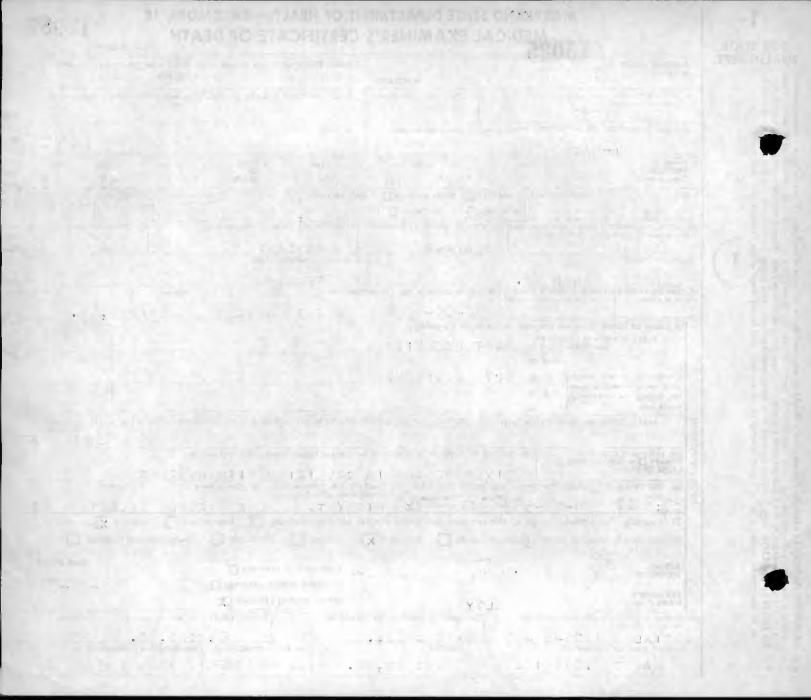
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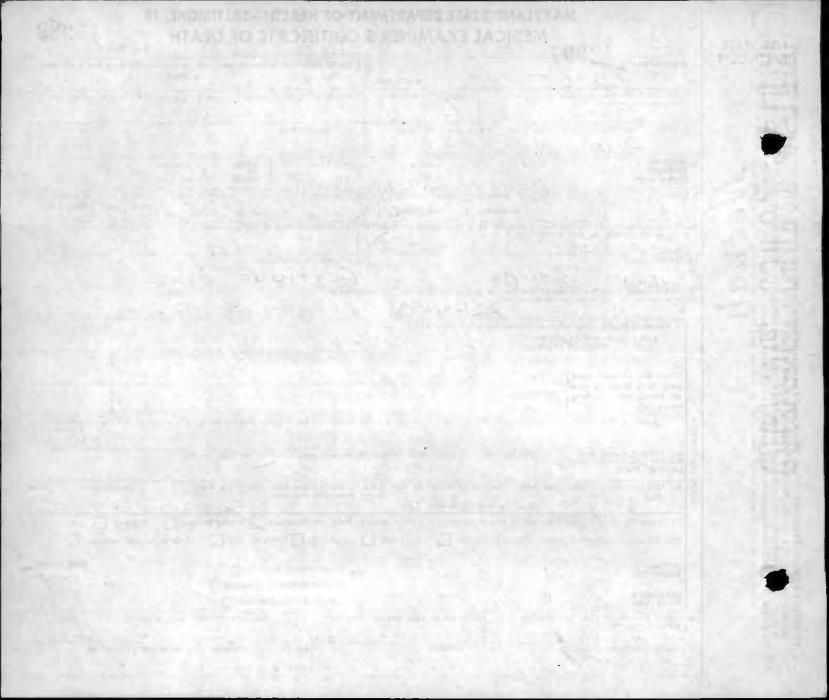
2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	TALBOT		MARYLAND	2. USUAL RESIDENCE	(Where decease	b. COUNT			issian)
b. CITY OR TOWN IN and give regrest town RURAL O		. RURAL	c. LENGTH OF STAY IN 16	c. CITY OF TOWN		porate limits, write	RURAL and giv	e nearest to	wn)
d. NAME OF HOSPIT		It not in hos	pitol, give street address)	Jd. STREET ADDRES				ON	ESIDENCE A FARM?
3. NAME OF DECEASED	Fir	69	Middle	Losi	4. DATE OF	Mont	h D	,	fear
(Type or print) 5. SEX	ERNEST 6. COLOR OR RACE		BENJAMIN ED NEVER MARRIED 8		DEATH	9. AGE In years test birthday	IF UNDER TYE	AR IF UND	9 59 ER 24 HFS.
MALE	COL	WIDOWE	7-7	Nov 3,1		59 yrs.			
	g life, even if retired)		EAFOOD	MARYL 14. MOTHER'S MAIDE	AND	ountry)	US/		COUNTRY
_	D. Wes Co								
LRNEST 15. WAS DECEASED EV	BANKS SE		SOCIAL SECURITY NO. 17. II	STELL	Α	Address			
[Yes, ne, er unknown]	It yes, give war or dates al	service)	20-01-6390		BANKS		XFORD	6.5 m	
	TH [Enter only one country was caused by: IMMEDIATE CAUSE (o) DUE TO	-	for (o), (b), and (c).)				[it	NTERVAL BETW NSET AND DE	
Conditions, if o gove rise to immed (a), stating the course lost.	diale couse		O ACCIDENT						
CKTIC		DITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PART 1(o		AUTOPSY PRMED? NO XX
	JSE WAS NTRIBUTING []	DRIV	ER OF CAR II	nter nature of injury in I		of item 18.) H ANOTE	1ER		
20c. TIME OF INJU	11-13-19	White	Land Later salling hard	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (Cit) etc.)	Oxford	(County)		(Stote)
			remains described abo			aspection	Inquiry E		d in my
opinion death	_		causes . Accident	Suicide ,	Hamicide	- head	rmined mon	ner 🗌	SIGNED
EXAMINER'S NAME (Type)	Misser	WEL	7	ASSISTANT MED DEPUTY MEDICA	DICAL EXAMINE		11	1-16-	-59
220. BURIAL, CREMATIC REMOVAL (Specify))F	22c. NAME OF CEMETERY OR			TION (City, town,	1.4	(Stol	(0)
BURLAL 23. FUNERAL DIRECTOR		-59	ADDRESS CEM	240 81	EC'D BY REGIST	DAFORD	STRAR'S SIGNA	TURE	
JAMES	B. DASHIE	LDS	EASTON,		NOV 1 9		Inthung 8 t		



1		1/2	140 AM MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0 - 0 -
		9	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12983
FOR ST			19007 Item 7 FilmG252 11-25-59 et Reg. Di	
	DEPT.	1. 7	COUNTY 2 USUAL RESIDENCE (Where deceased lived. If institutions Relider	nce before admission)
r. Poge files. Health,	(P	Ь	CITY OR TOWN It outside corporate limits, write PURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN At outside corporate limits, write PURAL and	give neorest town)
ssory.			Easton Centreville	17x-2
is nece	080	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS FOR STOP A CONTROL OF THE STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
deloy ne fun retoir se Stot	1	E	AME OF FIRST Middle CLASS 4. DAYE OFATH OF THE MAINTE MAN POR THE MAINTE MAN POR THE MAINTE MAN POR THE MAINTE MAN POR THE MAN	Day Year / 19,55
If any 3 to It with It after a often		5. S	[aut bithden]	
death. 2, and age 5 and 2 and 2		10a.	THE VIEW OF THE STATE OF THE ST	EN OF WHAT COUNTRY?
3	(I)		LABOREN Domestic Dirain	N
hours al re Pages rm PM3. le pages	1	7	andy BANKS Gertrede Jones	
Give Give The form File		15. Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO: 17. INFORMANT Address Address Address Address Address Address Address Address Address	In the da
I'm E			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
Hem of			PART 1. DEATH WAS CAUSED BY: WILL Follow	CINSEL AND DEATH
be exect s Office riol-trons			98/X DUE TO Conditions, if ony, which are the court of th	
in in winer o bu			(e), stoling the underlying DUE TO cause lost.	
icate si ending of Exan ssed as emotio	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ord "p Medic Medic and be			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) RIMARY For CONTRIBUTING (CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)	
g the y e Chief e Chief i 3 shou		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Court foctory, street, office bldg., etc.)	(Store)
AMIR Poge			21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry	ond in my
AL EX cate, orded cTOR:			opinion death resulted fram: Natural causes [], Accident [], Suicide [], Homicide []. Undetermined m	onner 🔲
FOICA FIFTING	2		ACTUAL SIGNATURE	11-14-57
Le the old be leral			EXAMINER'S C. P Lay to W DEPUTY MEDICAL EXAMINER D	
A short		220	BURIAL, CREMATION 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
0 0 0 0 VS. A15ME		23.	Ch TEY Ch	NATURE .
5M 2/57	,	1	ames at Lashell Goston, md, DATE NOV 1 9'59 arthur 8.	Kraus



ADDRESS

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

240, REC'D BY REGISTRAR

DATE DEC 3

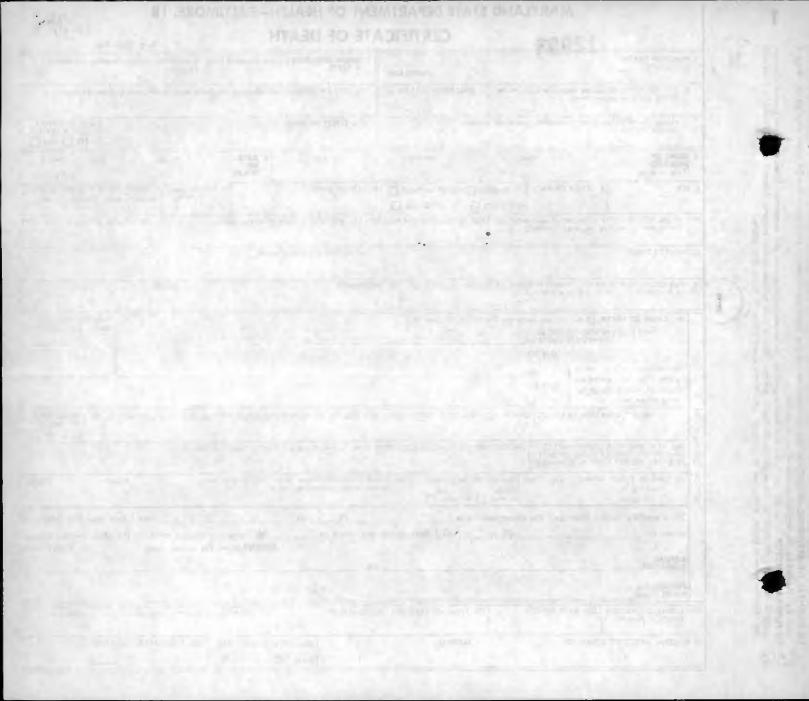
(Stote)

hours after death. physicion FUNER, 9 pode 0 VS A15 (4) 15M 9/55

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



12	9	8	5	
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	1299
1. PLACE OF DEAL	TALBOT

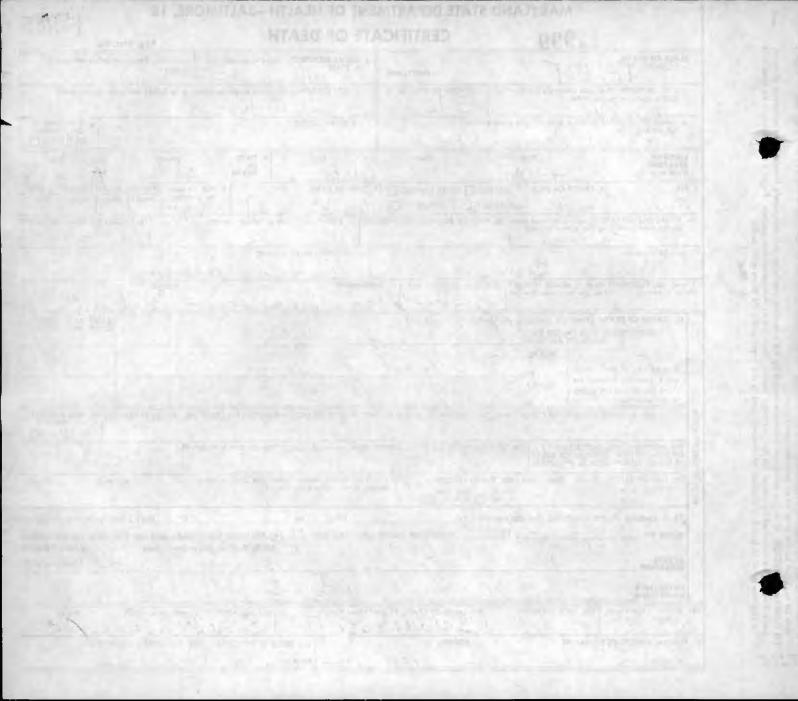
CERTIFICATE OF DEATH

		12999		CERTI	FICA	E OF D	leg. Dist.	g. Dist. No.				
1. PLACE OF DI o. COUNTY-		BOT		MARY	LAND	o. STATE	nce (Where		, If institutions b. COUNTY	Residence &	before admi	ission)
RURAL	OWN (III OU HOIXE THOU		its, write	3 days	IN 1b	c. CITY OR TO	reste	de corporale li	mils, write RUR	AL and give	A	wn) 2
	HOSPITAL I	If not in hospital, s	rial	Hosp,		d. STREET ADI	DRESS				o. 15 RE ON! YES C	ESIDENCE NAFARM?
3. NAME OF DECEASED (Type or prin	1)	HiR	Am	Middle	E	15 COC	4	DATE OF DEATH	Nov	•	Day	Yeor 59
5. SEX Male	6.	COLOR DR RACE	7. MARRIE	DI NEVER MARRI		ec 29	188	9 9. AG		Nonths Da		DER 24 HRS. Min.
	of Wo king	Give kind of work life, even if retired MeR		IND OF BUSINESS C	R INDUSTR	May	E Stole or	foreign country)		12. CITIZE	S A	AT COUNTRY
13. FATHER'S N	ME	B	scoc			14. MOTHER'S M	Ha Ha	ne nie	heren	N		
15. WAS DECEA	SED EVER IN	U. S. ARMED FOR s, give war or doles of s		9-36-63	74 he	mes B	is cre.	en	_ Addr	conte	eville	le M
18. CAUSE	OF DEATH	[Enter only one co	ouse per line	for (o) (b), and (c).]						INTERVAL E	BETWEFN
	IM	WAS CAUSED BY: MEDIATE CAUSE (c	1/1	ul-	2 9	'a gre	ne				Dittoet Ait	DEAM
163	×	DUE TO	do	~ . //	1	6	/1					
	ns, if any,		6	J Certer	~	of t	en	7				
	e to imm- stoling the se lost.				(//					
PART	II. OTHER	SIGNIFICANT CON	IDITIONS <u>CO</u>	NTRIBUTING TO DE	ATH BUT NO	OT RELATED TO T	HE TERMINA	L DISEASE CON	IDITION GIVEN	I IN PART 16	PERF	ORMED?
■ OR CONTRI	BUTING [NDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	20b. DESCR	HIBE HOW INJURY O	CCURRED.	Enter nature of i	njury in Por	1 or Part II of	item 18.)			
20c. TIME O Hour	FINJURY o. m. p. m.	Month, Doy, Ye	While	URY OCCURRED Not while		OF INJURY (Ho y, street, affice b		20f. (City or to	va)	(Cou	nty)	(Slate)
21. I cer	tify/that	t attended the	deceased	1 floor		, 19,	ta		., 19,	that I las	t saw the	e decease
alive on	10	co-c	7/12	and hat	death a	ccurred at		M, fram the			date sta	ted above
ACTUAL SIGNATURE	É	ely	ch	1	M.I	219	5.10	DRESS (Street, c	ity or town, ste	ile)	16.4	Parts Signe
PHYSICIAN NAME (Typ	'S •)	E-C-1	4.50	hmia	14	Ca	rti	~/(6/Mc	25/1	bno	1
220. BURIAL, CR		226. DATE THEREC	OF 9	22c. HANIE OF CEM	EVERY OR	REMATORY	2 2	d. JOCATION (Cit rown of	will	0 1	ofe)
23. FUNERAL DI	RECTOR'S SI	GNATURE	11	ADDRESS	1.11	had?	Ag. REC'D E	Y REGISTRAR	24b. REGIST	TAR'S SIGN	ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ined by the hospital ar attending physicion.

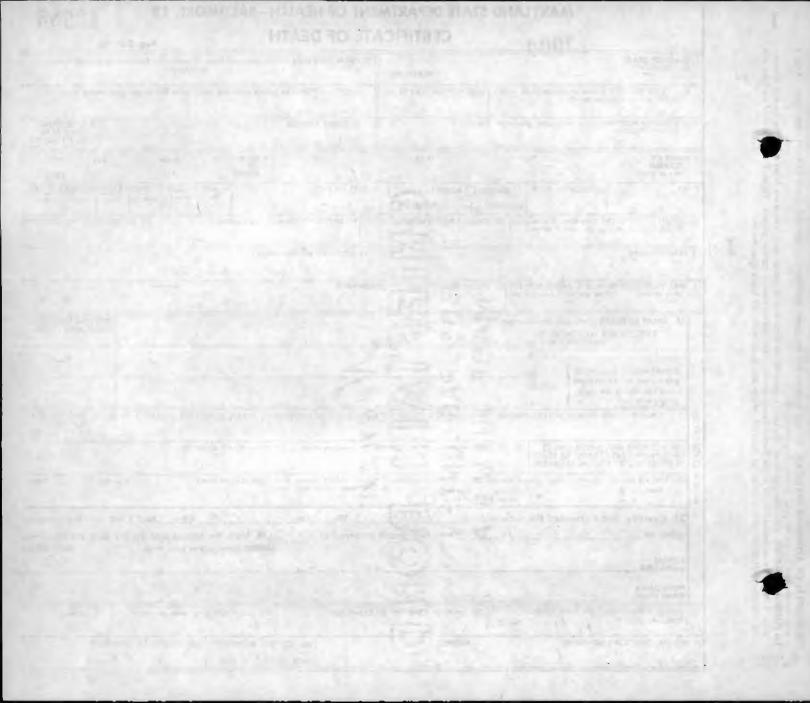
PECTOR: After this certificate has been signed by the attending physicion and completely filled Then please remove agroun papers. Pages 1 sevent within 72 fours after death. prior ta burial, crematian, or removal, and in any event within 72 Jours be detoched for use as the buriol-tronsit permit. TO FUNERA

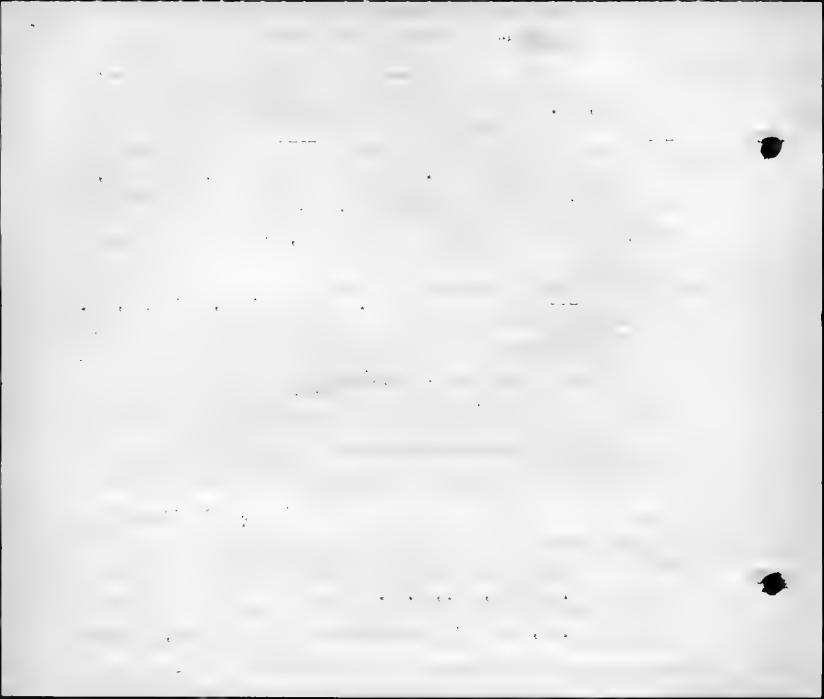
the funeral director, should be filed with



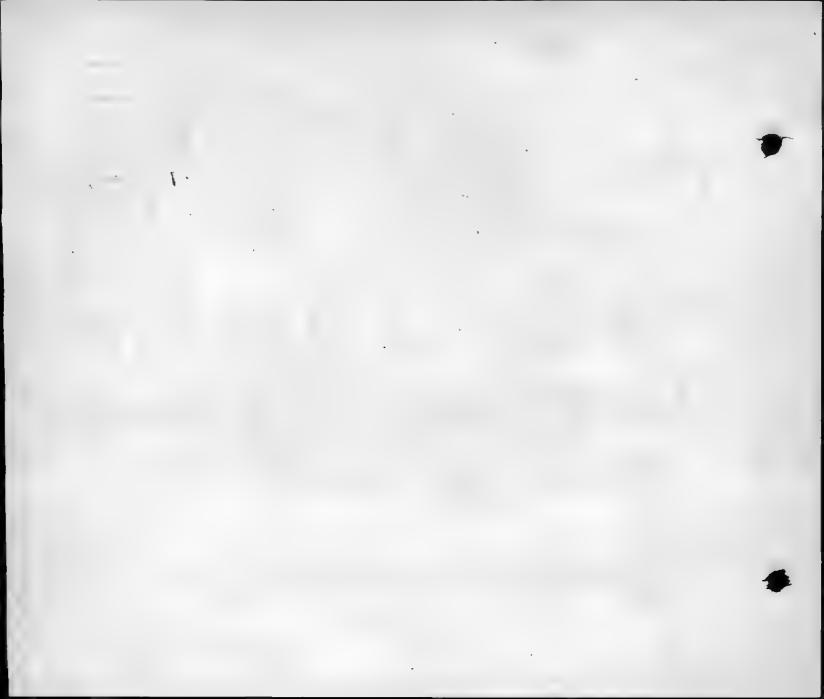
VS A15 (4) 15M 9/5S

	95//////	MIE OI DEMI	•	Reg. Di	st. No.
1. PLACE OF DEATH O. COUNTY A/bof	MARYLAND	2. USUAL RESIDENCE (M a. STATE		If institution, Resider	nce before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	LIFE	c. CITY OR TOWN HE	autside carporate lin	nits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	address)	d. STREET ADDRESS	omman	1x	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Katle	Black	SON	4. DATE OF DEATH	Manth	Day Year 7 19-5 9
Female (CO) WIDOWE		June Unk	nown	E (In years IF UNDER birthday) Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if relired) House your te	Domestic	DUSTRY 11. BIRTHPLACE (SIGN	e ar fareign country)	12. CI	LS A
Edward Miller		LARUF	Pin	ual	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17.	Cliffed a	Blacket	Address Port	to mai
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 420. DUE TO	e for (a), (b), and (c).]	Myscardes	e fr	Parctin	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), slating the under-lying cause tast. (b)	many 9	arten	Lus:	channe	
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERA	AINAL DISEASE CON	DITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCUR	RED, (Enter nature of injury in	Port I or Part II of i	tem 18.)	
COC. TIME OF INJURY Manth, Day, Year 20d. IN Haur o. m. 19 at wark	Not while	PLACE OF INJURY (Hame, for factory, street, affice bldg., et	m, 20f. (City or tow c.)	/n) (i	County) (State)
21. I certify that I attended the decease alive on	-6	19 59, to the occurred at 205	3	causes and on t	last saw the decease he date stated above DATE SIGNI
PHYSICIAN'S L. J. Eg.	Leeder.	m.D.	E11570	N Md	
220. BURIAL CREMATION, 226. DATE THEREOF Sq. 110/59	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATION IC	Lity, lawn, or caunty)	indistate)
23. FÜNERAL DIRECTOR'S SIGNATURE	BADDRESS .	DATE N	OV 1 9 '59	24b. REGISTRAR'S SIL	





1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12988
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived 16 institution, Residence defore admission)
		COUNTY TA bot MARYLAND STATE MARY And b. COUNTY BA HIMOY
T. E. S.	'	c. CITY OR TOWN, Ill buts de corporate limits, write RURAL and give nearest town)
recto	-	LASTON MINUTES DAITIMORE 5V + I NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS TO 15 RESIDEN E
* 5		Memorial Hospital 7125. Hanover VES NO 12
fune State death	1	NAME OF DECEASED C A FORD A Middle Doy Year
the the	5.	Type or print) C 700 C 5 7 M DEATH 19 F3D 19 5
with with ours	-	F Col WIDOWED DIVORCED S/4/10 Get burnday Months Days Hours Min
22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10c	. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 C TIZEN OF WHAT COUNTRY Utring most of work in a first parking life, even if relired)
		LADGREY TACTORY MORY/ORD W.S.A.
PM3.	13,	The man March 2/1
a selection of the sele	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
	V.	214-07-744 Many Marshall Caroles Caroles
d in d		18. CAUSE OF DEATH [Enter only one couse por tipe for (o) p(b), and (c).] PART 1, DEATH WAS CAUSED BY: ONSET AND DIATH
o Tre		IMMEDIATE CAUSE (6)
office Hray Movy Movy		Conditions, if any, which } (6)
r's C		gave rise to immediate couse (a), staling the underlying DUE TO
mino Gn., c	_	couse fest, (c)
Exemple 2	05	PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
giral	1910	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)
Mord Me	N O	206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH.
ta ba	MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, i 20f, (City or lawn) (County) (State) Hour a, m. White Not white foctory, street, office bidg, etc.)
the the start of t	ME	p, m, 19 of work of work
of the country of the		21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my apinion death resolved from. Natural causes Accident , Suicide , Hamicide , Undetermined manner
99 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		All of
a de la composition della comp		ACTUAL SIGNATURE
E P X		EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER () DEPUTY MEDICAL EXAMINER () 12-1-59
UNA designation of the second	220	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Slote)
2 2 5	9	June 12-4-59 Betkil Com, Cambrilge, Ind.
S A1SME	23	ADDRESS 240 REC'D BY REGISTRAR 200 REC'STRAK'S SIGNATURE CONTACT DEC 2 '59 ONLY S. KINNA
5M 2,57		DATE DE LA Shiel (Cirlon) Ma, DATE DEG 2 35 CHAMA S. TUMA



	13002 CERTIFICATE OF DEATH Reg. Dist.	12989 No.
	O. COUNTY A BOT MARYLAND O. STATE MARYLAND O. STATE MARYLAND O. STATE MARYLAND	RUME
L	RURAL and give nearest town EAStON 9 da DentoN	×
	ORINSTITUTION Memicrial Xlospital 309 Gay St.	e. IS RESIDENCE ON A FARM? YES NO
L	OF DECEASED (Type or print) ARY L DUMNEY DEATH // 9	Day Yeor 1957
L	1-e W WIDOWED DIVORCED Oct 21 1899 lost birthdoy) Months Do	
L	during most of werking life, even if retired) LUMBER MARY/END	US/
L	SAMEN LEWIS INA HUBBARG	4
[Ye	(as no or unknown) [If yes, give wor or dates of service] (Cobert H. Dirring, Danto	s, ha.
	PART I. DEATH WAS CAUSED BY: PROCESSON OF COLON	INTERVAL BETWEEN DNSET AND DEATH
	Conditions, if ony, which) the	
7	couse (o), stating the <u>under-</u> DUE TO lying couse lost. (c)	
		PERFORMED?
MEDIC	Hour o. m. p. m. 19 of work	nty) (State)
	21. I certify that I attended the deceased fram 19, to 19, that I lass alive an 19 M, fram the causes and on the	
	ACTUAL SIGNATURE M.D. 79 5 Washington	HONOS
	PHYSICIAN'S E.C.H. Schmidt Contin/6 Mayle	-sl
	Service NOV. 13,1959 DENTON DENTON	/). (Stote)
13.	ADDRESS SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE DATE NOV 2 4 '59 CALLING S. TO	NORE
	3.3.5.5.100 NOCATOMISM 1770 NO	T. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



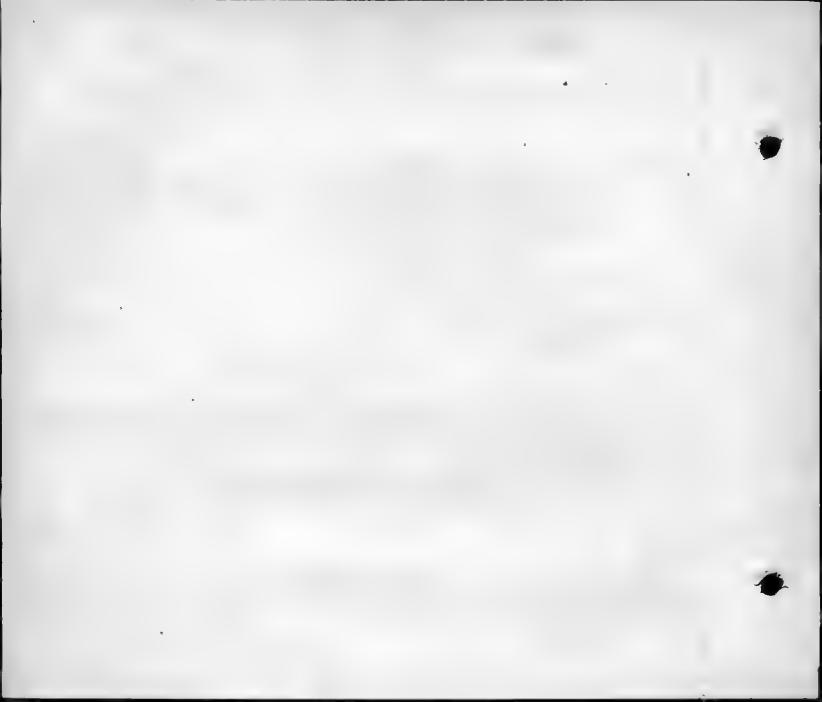
MARYLAND	STATE	DEPA	RTMEN	IT OF	HEALTH-	BALTIMORE,	18
It	ems 8	,21 E	'il. G	234	1-14-60	e .	

	ltems		T11, G/Z		
3003		CERT	IFICATE	OF	DEATH

Reg. Dist. No. 14153

1		PLACE OF DEATH 6. COUNTY T	albot		MARYL	AND	2 USUAL RESIL	Ary	deceased I	ived If institution b. COUNTY	on Residence	before o	dmissio -	n)
		RURAL and give n	If autside corporate limits earest town) 2.2 ton	, write c	Life	N 1b	C. CITY OR I	S 7	outside carpora	te limits, write R	URAL and gi	ve nearest	town)	
			Dover st.		ress)		d. STREET A		Dorer	+ 2			RESID	DENCE FARM? NO 🔀
		NAME OF DECEASED (Type or print)	Harriett		Middle Bux	tor	Los	1	4. DATE OF DEATH	1. Mon	th	Doy 18		e. 59
	5. 1	\mathbb{F}_{i}	Col	WIDOWED [March	27,	1887	AGE (In years loss/byrthday)	Months C		UNDER	24 HRS. Min
)		DUSUAL OCCUPATION OF WORLD FACTOR	ON (Give kind of work do king life, even if retired) Y 2466×	10b, KIN	h Tacto	INDUS	TRY 11. BIRTHPL	ryl	and	ntry)		EN OF V		OUNTRY
		Cha	arles Rand		CIAŁ SECURITY NO	117. HN			e Pin	ckney	rens.			
		s, no or unknown)	(II yas, give wor or dates of ser	vice)				omas		Easto				
			ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o),	se per line fo	7.6-62.	6 4 7	under		Record	Ent		INTERVA ONSET		
		Canditions, if a	ony, which) (b).	1/4	er time	2-2-6	a	eler.	w 50	le 6.	Æ			No.
	z	Lying cause last.	the under- DUE TO (c).	C/J	Car	di	e Va.	1226	is al	- 6 2.	٠. ز ٠			A Wall Mark
)	CERTIFICATION		HER SIGNIFICANT COND								EN IN PART	P	YAS AL ERFORI	MED?
		OR CONTRIBUTING	MEDICAL EXAMINER		E HOW INJURY OC					·				
	MEDICAL	20c, TIME OF INJUI Haur a.m. p. m.	RY Month, Doy, Year 19	While at work	Not while	fact	CE OF INJURY (I ory, street, office	Hame, form bldg., etc	, 20f (City o	r tawn)	(Co	unly)		(State)
		21. I certify that alive an	nat I attended the a	deceased	ation of	230 death	2, 19 <u>_5_7</u> accurred at	/			ind an the			
		ACTUAL SIGNATURE	7. 7.	- 2	beach	<u></u> N	LD	2	ADDRESS (Stre	et, city or town,	state) Sarv	5	DAT	E SIGNED
1		PHYSICIAN'S NAME (Type)	Ludwig	1/1	· tylse	de	n my	E A	576 n			160	<u> </u>	<u> </u>
	ZZ 0	REMOVAL (Specify Burial		9	Richar Richar			ry	-	ton.Md	or county)		(Stole)	
	23.	PUNERAL DIRECTOR	3 Colhie	0.00	Ton, 2	nd	۲.		O BY REGISTRA	R 24b REGIS	STRAR'S SIGN			
	7											VICTOR		_

VS A15 (4) 15M 9/SS



CERTIFICATE OF DEATH

12990

		1300	32	CEKIII	FICATI	E OF DI	EAIH	<u> </u>		Reg. Dis	t. No.		, ,
	PLACE OF DEATH	bot.		MARYI	- 11	USUAL RESIDE	NCE (Who	re deceased lin	ved. If institute b. COUNTY	oni Residenc	before	odmissic 	on)
	b. CITY OR TOWN (IF		is, write c. Li	Mo days	N 16	c. CITY OR TO	WN (IF do	Iside corporote	o limits, write R	URAL and g	ive negres	l town)	
	d. NAME OF HOSPITA OR INSTITUTION		ive street addre	pital		d STREET ADS	17.	m m an	d Si	Ree 7		IS RESID	FARM2
3	NAME OF DECEASED (Type or print)	Ma	mie.	Middle		lest Coppe		4. DATE	Vovemb		Day 2		9 59
	SEX	Col	WIDOWED	NEVER MARRIE	O Jo	ate of Birth	188	5 9.	AGE (In years lost birthday)	Months		UNDER laurs	Min
	House	ng life, even if retired	dane 10b. KIND	OF BUSINESS OF	R	13. BIRTHPLAC	ary	land	iry]	12. CITI	ZEN OF V	VIIAT (OUNTRY
	Philip	Mogne	/			MOTHER'S M	M M E4	L C	sppe.	ę.			
IX.		f yes, give war or dates at i	irvice)	AL SECURITY NO	17. INFO	daug l	ter	-	Add	ės.			
	PART I, DEAT	TH {Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE (o	William	(p)/(b), and (c).]	- On	My	lean	m			INTERV	AND E	WEEN DEATH
	Conditions, if an	mediate (Thy	ontho	514	let.	+	leg.					
	couse (o), stoling to lying couse lost. PART II OTHI	ER SIGNIFICANT CON		- 5 . SA	TH BUT NOT	RELATED TO TH	O.P.	IAL DISEASE CO	ONDITION GIV	EN IN PART	4(o) 19. V	WAS A	JTOPSY
TIFICATION	20g ACCIDENT WAS			HOW INJURY OC			,			<u></u>	Y.	PERPOR	NO []
CAL CER	OR CONTRIBUTING OF INJURY A	AEDICAL EXAMINER)				OF INJURY (Ho		20f (City or		IC.	ounty)		(Stole)
MIDICA	Hour a.m.	19	of work	Not while of work	factory,	street, office b	ldg., etc.)						
	21. I certify/the	at I affected the	deceased		death acc	., 19, curred at		M, fram t	he causes o	nd <mark>an</mark> th			
	ACTUAL SIGNATURE (beeffe	han		M D.	219	5.10	24/7	1, city or town,	spote)	7. 3	L'M	Signer 1552
220	PHYSICIAN'S NAME (Type)	22b, DATE THEREO	50/7 E 120	NAME OF CEME	KERY OR CRI	1	5/17/	7/3	N (City, Iown, o	35/	121-	21	
	REMOVAL (Specify)	11-7-59	1	Richards		tery		Eas	ston, r	iaryle		(State)	
a.J.	Togeta	AX)0-1	List) B 1 - A	·			by registrate		TRAR'S SIG	10		

VS A1S (4) 15M 9/SS



VS A1\$ (4) 15M 9/\$5

IARYLAND	STATE DEPARTME	NT OF HEAD	TH-BALTIMORE, 18

N **CERTIFICATE OF DEATH** 12000

	19869			Reg. D	ist. No.			
1 PLACE OF DEATH 0. COUNTY	LBOT	MARYLAND	2 USUAL RESIDENCE (Where decea	b. COUNTY	nce before admission)			
b. CITY OR TOWN (If ou RURAL and give neare	utside corporate limits, write, ist lown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If pytside cor	1.	give nearest town)			
d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give street in	no ma Hozp.	d street address Near John	is	e. IS RESIDENCE ON A FARM? YES 12 NO 1			
3. NAME OF DECEASED (Type or print)	Riley	Charles	Dod SON DEAT	47 1	10 1959			
5. SEX Male 6.	COLOR OR RACE 7. MARK	.7	8. DATE OF BIRTH 1895	9. AGE (in years IF UNDE lost builhylay) Months	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.			
during most of wirking	life, even if retired)	kind of Business or Indus	STRY 11, BIRTHPLACE (State or foreign	(country) 12. C	U.S. A.			
13. FATHER'S NAME	ward I	bdsoN	14 MOTHER'S MALDEN NAME	Jen Kins.				
	NU S. ARMED FORCES? 16 es. gras was or doles at service)		ith D. Hubbard, Hu	rlock, Marylar	nd, RFD#1			
PART I, DEATH	Enter only one cause per lin WAS CAUSED BY: MEDIATE CAUSE (a)	(QA(i)) and (c).)	io Vosio	•	INTERVAL BETWEEN ONSET AND DEATH			
157X Conditions, if any,	157 X DUE TO							
	gove rise to immediate couse (a), stating the under-							
PART II. OTHER 200 ACCIDENT WAS U OR CONTRIBUTING U (IF EITHER, NOTIFY ME	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	RT I(o) 19. WAS AUTOPSY PERFORMED? YES NO			
20c TIME OF INJURY Hour o.m. p. m.	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 9. m. 19 of work at work							
l '	21. I certify that I attended the deceased from							
ACTUAL SIGNATURE	ACTUAL OF THE SIGNED DATE SIGNED							
PHYSICIAN'S NAME (Type)	H.P.	JARNET	T					
220. BURIAL, CREMATION, REMOVAL (Specify) BULLEL	Nov.14,1959	Johns Cemeter of		r Preston, Mar	yland (Slote)			
23. FUNERAL DIRECTOR'S S.	GNATURE day, Fra	ADDRESS localitury, ha	yland DATE NOV 1	15trar 24b registrar's s 9'59 Arthur	IGNATURE 2. Kinna			
1			•					



12992

13027

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH O COUNTY MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest loom)	, LT & .
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED // First Middle	Lost 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER WARRIED	DEATH //- 7 1957
Female 20 WIDOWED DIVORCED	2-8-1895 (ost birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ASK Output most of working life, even it retired) Output Out	BUSTRY 11. BIRTHPLACE (Stole or foreign country)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT Address A
(Yes, per as unknown) (If yes, give wer or dates of service) 2/9-28-5-2/1/	Mich a horampton Taky. canti
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	access on Secretary
Conditions, if ony, which) DUE 110, Card Color To	lenez 1 y
gove rise to immediate couse (a), stating the under-lying cause last. DUE TO LYING (c)	ulastrela.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE CONTRIBUTING TO COURSE OF DEATH BE CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IN
206. ACCIDENT WAS UNDERLYING 1 206 DESCRIBE NOW INJURY OCCUP OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter noture of injury in Port t or Port II of item 18)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 of work of work of work 10 of wo	PLACE OF INJURY (Home, form, factory, street, affice bldg , etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from alive on 1977, and that dec	ath occurred at 148 M, from the causes and on the date stated above
ACTUAL SIGNATURE MALL MALL AND A LOCAL	ADDRESS (Street, city or town, stole) DATE SIGNE
PHYSICIAN'S / GUY M REES	ER SY TICCHMAN MA
220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY	Y OR CREMATORY 27d. LOCATION (City, lown, or county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
haled i Mille Myxina	DATE NOV 1 0 '59 Calling & Prisus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERA Page 3 shoc VS A15 (4) 15M 9/55

the funeral director, thauld be filed with

ECTOR: After this certificate has been signed by the attending physicion and campletely filled in a bedeathed for use as the burial-transit in timit. Then please remove-carbon papers. Pages 1 and prior to burial, cremation, or removal, and in any event within 72 fours after death.



TO HOSPITAL OR

VS A15 (4) 15M 9/\$\$

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	_1300E		VIII.14	A16 01 1				Reg.	Dist. No).	
1. PLACE OF DEATH o. COUNTY Tal	bot		MARYLAND	- CTAYE	larylai		d lived. If instituti b. COUNTY	_	albo		ion)
b. CITY OR TOWN (RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16		TOWN (IF o	-	orate limits, write R	URAL or	d give ne	arest fown	1)
d. NAME OF HOSPI	FAL (If not in hospital,)	ive street	dodress)	d STREET	ADDRESS	. List.	ston		-	e. IS RES	IDENCE
	g Harrison			l Do	ver &	Harr	isons Sts	•			NO TO
3 NAME OF DECEASED (Type or print)	Fic	st EULAH	Middle BERKSHIRE GU	le INTHER	si	4. DATE OF DEATH	Mon N	ov.	_		Yeor 19 59
S. SEX			RIED NEVER MARRIED	B. DATE OF BIRT	TH .	.1	9. AGE (In years lost birthday)	IF UND	ER I YEA	R IF UNDE	
female	white	WIDOWI		July 11,	1875		84 yrs.	Month	1 Doys	Hours	Min.
100. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHP	LACE (State	or foreign c	country)	12.	CITIZEN (OF WHAT	COUNTRY
housewi	fe				ntuck			U	J. S.		
13. FATHER'S NAME				14. MOTHER'S	_	_					
	y Yowell Be			INFORMANT	Emma /	Allan	Adde				
(Yes. no or unknown)	(If yes, give wer or dates of t	ectics)		Frank	Cunth	0 M	Easton.		el and		
18. CAUSE OF DE	ATH [Enter only one co	use per lii	ne for (a), (b), and (c).]	a A A CALLEY	ourcin					ERVAL BE	TWEEN
PART 1. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE ONSET AND DEATH 2 HRS.											
Conditions, if any, which) DUE TO ARTERIO - SCLEROTIC HEART DISEASE YEAR								YEAN	25		
gave rise to i couse (a), stating lying couse last.	mmediate ()						**			
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM!	NAL DISEAS	E CONDITION GIV	EN IN P	ART 1(0)	19 WAS / PERFO YES	AUTOPSY DRMED?
20c. TIME OF INJUS Hour o. m. p. m.	Y Month, Day, Ye	20d. II While of wor	Not white Id	LACE OF INJURY (octory, street, offic	illome, form e bldg., etc	20f (City	y or town)		(County)		(State)
21. I certify th	at I attended the		ed fram JULY	. 195		10 V.	2 , 195	2 ,that	I fast s	aw the	decease
alive on	NOV- 2	125	39,, and that deat	h occurred at			m the causes a		the do		
ACTUAL SIGNATURE	Vmall =	M.E	sattly	M.D9	777.	and	ireel, city or town,	stole)		11-2	JG -JG
PHYSICIAN'S NAME (Type)	Donald		artley /			Es	roton			mol.	, , , , , , , , , , , , , , , , , , ,
220. BURIAL, CREMATIC PEMOVAL Specify	Nov. 4, 19		Spring Hill		у		tion (City, fown, o aston, Ma			(Stole	e)
23. FUNERAL DIRECTOR		C	ADDRESS			D BY REGIS		STRAR'S	SIGNATU	RE	
Maurice L	. Newnam &	2011	Easton, Md.		DATE MI	0V 6 '	59 C	attur	9 40		

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VS A1S (4) 1SM 9/55

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IFICA IE O	I DEATH	Reg. Dist. No.	
IFICATE O	E DEATH		12998
		 	$A \cap C \cap C \cap C$

1. PLACE OF DEATH O COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE B. COUNTY Ducen Anne						
b, CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest tawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)						
EASTON 8mo 4da	Gueenstown 17x-2						
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?						
EASTON // RMORIA! HOSPITAL	YEZ M NO □						
3 NAME OF First Middle DECEASED (Type or print) Well I P P	HAMMOND DEATH NOU 13 1959						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7	8 DATE OF BIRTH 9. AGE (In years IF UNDER ! YEAR IF UNDER 24 HRS.						
M LU WIDOWED DIVORCED	July 13 1885 of Lyrs, Months Days Hours Min.						
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUS during most of working life, even if retired)	STRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
FARMER FARMING	MARY/And USA						
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
MR Edwin F. Hammond	MARY DISHOP						
[Yes no or unknown] [If yes, give wor or dates of service]	NFORMANTAL B HAMMONC Address						
111-36-0607	Brother Queenstown						
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Con oma	I the stomach c 6 months +						
15/X DUE TO 0	11011						
Conditions, if any, which (b)	ed Carcinonalises						
cause (a), stating the under DUE TO							
lying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO NO NO.						
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enler nature at injury in Parl t or Part II of item 18)						
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)						
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 10c. PLA Hour a. m. 19 While Not while of wark 10 work 10 wo	tary, street, affice bldg., etc.]						
21. I certify that I attended the deceased from Muss							
glive an 1113 59 19 and that death	243 0						
11 77 91	ADDRESS (Street, city or lown, state) DATE SIGNED						
SIGNATURE / No. No. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.							
PHYSICIAN'S NAME (Type) W/////AMD	OBLE EASTON MD!						
220. BURIAL, EREMATION, 220. DATE THEREOF REMOVAL (Specify) LOCAL SPECIF COLUMN COLU	CREMATORY 22d. LOCATION (City, town, or county) (State)						
FUNERAL DIRECTOR'S SIGNATUREA ADDRESS	M 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE						
And 1. July of Data Bur Certiville	Maghad DATE NOV 1 9'59 arthur & thous						



5M 2/57

arthur S. Thous

DATE



VS A15 (4) 1SM 9/SS



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ATTIME ME INTSICIAN: The lam mapuires that the duath certificate be executed mithin 24 hours after death. Page in

the funeral director, should be filed with

	13010 CERTIFIC	ATE OF DEATH Reg. Dist.	Ng
	1. PLACE OF DEATH O. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. Use deceased lived. O. STATE b. COUNTY	peto de belintestony
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give persat town) A 3 NW 10 mm	c. CITY OR TOWN (If Autside corporate limits, write RURAL and giv	e nearest town)
-84	or Institution Aston Managerial Acap.	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) PAA May	Hun phresy Speath NOV	3 1959
	5. SEX TO. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVERCED	100 09 1714 45 m	ays Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDIduring most of working his leven if retired)	Manyland.	L.S.A.
	13. FATHER'S NAME John Johnson	Nettic Griver	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. [If yes, give war or dates of service]	INFORMANT Address	n.ee-
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CEREBRAL	VASC. HEMORRHAGE	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b) HYPERTENSIVE	CARDIO - VASC. DISFASE	YEARS
	cause (a), stating the <u>under.</u> fying cause last. DUE TO (c)		,
3	CATE	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?, YES NO
		RED. (Enter nature of injury in Port I or Part II of item 18.)	
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur o. m. 19 While Not while of work of work of the control of the co	PLACE OF INJURY (Home, form. 20f. (City or town) (Coroctory, street, office bldg., etc.)	unty) (State)
	21. I certify that I attended the deceased from 11-3- alive on 11-3-, 19.59, and that deat	th occurred at 7 4M, from the causes and on the	st saw the decease date stated above
	ACTUAL SIGNATURE SIGNATURE SIGNATURE	M.D. 9 N. Monday St.	11-3.50
1	PHYSICIAN'S DONALD 7 BARHLE	y caston md.	/
	220 BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY SEMOVAL (Specify) 71 - 5, 1959 St. Paulo	Carretto.	Trust
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MULLIP MULLIP ADDRESS MULLIP MU	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	

may be retatived by the haspital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shows be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, ar remayal, and in any event within 72 hadrs after death. TO MUSHITAL HR VS A15 (4) 15M 9/55



CERTIFICATE OF DEATH Ren Dist No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. C. LENGTH OF STAY IN 16 SITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN I'll autide corporate limits, write RURAL and give nearest town) v havrs ofter NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? STAIG YES TO NO TE 3 NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 5 19 6. COLOR OB RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE fin years IF UNDER & YEAR! IF UNDER 24 HRS low birthday) Months WIDOWED | DIVORCED [7] YES 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life-evan if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME PARRO physicic 72 haurs WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. EMOR attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (cl.) INTERVAL BETWEEN ă. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which ! gave rise to immediate DUE TO cause (a), stating the underlying cause lost. **burial-transit** (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Hour o. m. Not while et work | at work p. m. 21. I certify that I attended the deceased from 19.57 that I last saw the deceased alive on and that death occurred at_____ _M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) HARRISCIU 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or gounty) O FUN page REMOVAL (Specify) 23/FUNERAL DIRECTOR'S SIGNATURE **ADDRES** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR WS A15 (4) 15M 9/55 DATENOV 9 Cirthur & France

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



hours ofter deoth.

enecuted within 24

the death certificate





AND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	12000
3	CERTIFICATE OF DEATH	Reg. Dist. No.	13003
	2 USUAL RESIDENCE (Where deceased lived. If institu	tion: Residence before	e admission)

Reg. Dist, No.
2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE 11/12/14/14/14/14/14/14/14/14/14/14/14/14/14/
c. CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest lown)
d. STREET ADDRESS e. IS RESTDENCE ON A FARM? YES \(\) NO \(\)
MARTIN DATE Month Day Year DEATH MOTEMBER 7 1959
8. DATE OF BIRTH Sec. 23, 1886 S. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIS. Months Days Hours Min. Min.
IDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY:
14. MOTHER'S MAIDEN NAME ROSC CUmming S
HOSPITAL RECORDS EASTON, MO
Muon brin Interval Between ONSET AND DEATH
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDS YES NOT
RRED. (Enter nature of injury in Part I or Port II of Item 18)
PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
foctory, street, office bldg., etc.)
foctory, street, office bldg., etc.) 19.52, ta. 70.01, 19.52, that I last saw the deceased at a occurred at 72.356.M, from the causes and an the date stated above
foctory, street, office bldg., etc.) 19.52, ta. 70.01, 19.52, that I last saw the deceased at a occurred at 72.356.M, from the causes and an the date stated above
notory, street, office bldg., etc.) 19.42, ta ?// 19.42, that I last saw the deceased ath occurred at Z2.35/2, M, from the causes and an the date stated above. ADDRESS (Stroet, city or town, stole) M.D

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the demith certificate be executed within 24 hmurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 sh. The detached for use as the burial-transit permit. Then please remane carbon papers. Pages 1 d. should be filed with the registrar prior to burial, cremation, ar remanal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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ofter death.

within 24

death certificate

requires that the



VS A15 (4) 15M 9/55

18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13006

		13015 CERTIFICAT	E OF DEATH	Reg. Dist.	No.
)	1. F	PLACE OF DEATH O. COUNTY THE POST MARYLAND 2.	USUAL RESIDENCE (Where deceased i)	b COUNTY / / / /	before odmission)
,	t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) EAStoN 30 da.	CENTY OR TOWN (If obside carparate	limits, write RURAL and giv	e negrest town)
>		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION REMORINATION	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES X NO
	3. 1	NAME OF DECEASED (Type or print) Patricia (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ARSONS 4. DATE OF DEATH	Nouth o	Day Year 29 19 59
	5. S	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. D. WIDOWED DIWORCED	Nov. 26, 1945	AGE (In years ast birthdoy) Months D	YEAR IF UNDER 24 HRS. Dys Hours Min.
	10a	Ou USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl None	BIRTHPLACE (Stole or foreign count	(1) 12. CITIZI	US A
_		RAYMOND XXX TARSONS	Elizabeth	411	
Ī	15)	WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO U. INFO	daymond T. Parson Delmar.	s(Father)R aryland	.D.# 3
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. DUE TO [c]			INTERVAL BETWEEN ONSET AND DEATH
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT			(o) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 420e. PLACE factory 19 m. 19 gt work of work	OF INJURY (Hame, farm, 20f. (City or , street, affice bldg., etc.)	lown) (Car	anty) (State)
3		21. I certify that Lattensed the deceased from alive an hat death occurred the deceased from and that death occurred the deceased from the death occurred the deceased from th	., 19 10 10 10 10 10 10 10 10 10 10 10 10 10	he causes and an the	st saw the deceased date stated abave. DATE SIGNED J J My 59
1		PHYSICIAN'S F. C.H. Schmidt	Esston/	6, Masy	land
	220	20. BURIAL CREMATION. 226 DATE THEREOF 226. NAME OF CEMETERY OF CR. BURIAL Dec. 2, 1959 Parsons Co		sbury, Mary	(Stote)
		B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Z40. REC'D BY REGISTRAND DATE DEC 2 '59		ATURE



VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13007

13016

CERTIFICATE OF DEATH

Reg. Dist. No.

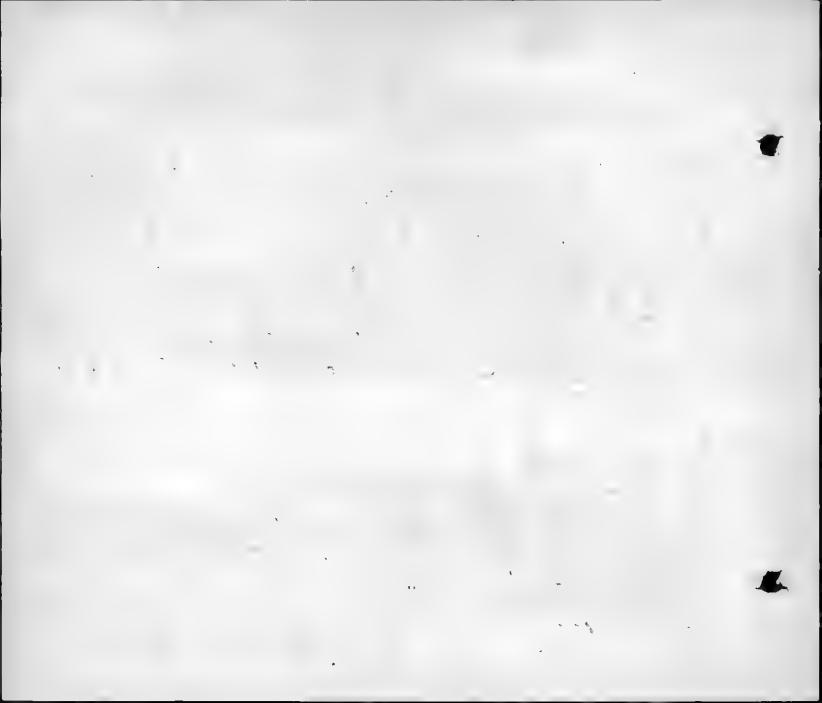
1	1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
3	,	Tolbot MARYLAND	o. STATE Maruland b. COUNTY Talbot
1	1	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 RURAL and give covers town)	c. CITY OR TOWN (If butside carparate limits, write RURAL and give nearest town)
		Easton Iday	X Bozman.
3	•	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM2
		Memorial Hospital	YES NO X
		NAME OF First Middle	Lost 4. DATE Month Day Year
		(Type or print) William Gilbert	POORE, SR. DEATH NOVOMBER 5 1959
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Days Hours Min.
		// WIDOWED DIVORCED	May 26, 1841 62 m.
	10o	. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	STRY 14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		DISABLED VATERAN-U.S.HRM	ny Jelaware USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		HITRED POOR	Laura Chaires
	15.]Yes	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. 1	NFORMANT Address
		yes WWI	wite -
		18 CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I, DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSETAND DEATH
		IMMEDIATE CAUSE (a)	Weller fufarelling I day
		DUE TO ALL	much Bu
		Canditions, if any, which gave rise to immediate	minute I fear
		couse (a), stating the under-	30 + Ulas
	z	lying cause last. (c) (c)	16
	CERTIFICATION	PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	FICA	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part t or Part II of item 18.)
	ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	o, trainer adjuste at inforty in refer that real in our near to y
			ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	MEDICAL	Haur a. m. While Not while fa	ctory, street, office bldg , etc.)
	×	p. m. What I was I	color st follow 15
		21. I certify that I attended the deceased from 160000	19, that I last saw the deceased
		alive on and that death	ADDRESS (Street, city or town, stote)
		ACTUAL SIGNATURE & BOARD (SARIES)	SANGED SITE ALL SOLD AS INCHES
3		SIGNATURE / / / / / / / / / / / / / / / / / / /	M.O. Little The State of the St
1		PHYSICIAN'S NAME (Type)	
	22o	BURIAL, CREMATION, 220 DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, fawn, or county). [State]
		Burno Mov 8 1951 Bornan	(Cemetery Bozman, Ind.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	A 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	1	Hambelow Harrison, St. mi	Cally & Kraus
			Agrid .



Reg. Dist. No.

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	phys	Mov	
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	ECTOR: After this certificate has been signed by the ottending physician and con	be detached for use as the burial-tronsit permit. Then please remove corbon pap	
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d by the hospital of ottending physician.	t: Afi	ched	
2	100	deto	4- 6
D	ŭ	0	-

Filed with		1. PLACE OF DEATH O. COUNTY A 1 6 7 MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If antifution, Residence before a STATE A 1 6 6. COUNTY + A 1 6 6	+-
old be		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fawn) C. LENGTH, OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RAPPE) RAPPE M. (1)	łown)
of?	X	OR INSTITUTION	S RESIDENCE ON A FARM? ES NO 🕒
es 1 a		3. NAME OF DECEASED (Type or print) LILEN LOUISE ROPEYTS DEATH 14.	Year 19 5 9
.s. 70g		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lif UNDER I YEAR IF lost birthday) Months Days H. WIDOWED DIVORCED 4/2/8 9. AGE (In years lif UNDER I YEAR IF lost birthday) Months Days H.	
corbon papers ofter death.		10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF V. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF V. 12. CITIZEN OF V. 12. CITIZEN OF V. 13. CITIZEN OF V. 14. CITIZEN OF V. 15. CITIZEN OF V. 16. CITIZEN OF V. 17. CITIZEN OF V. 18. CITIZEN OF V. 18. CITIZEN OF V. 19. CITIZEN OF V. 1	THAT COUNTR
W 2		Charles Roberts Idamae Jackson.	
re remov		15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 16 yes, give intermediate of service) 17. INFORMANT Address 18. 1	
en pleas it within	e.t	PARY I. DEATH WAS CAUSED BY: META STATIC CAR CINOMA ONSET	AL BETWEEN AND DEATH
ony even		Conditions, if any, which by CARCINOMA of Right Sperst 6	M08.
ond in		cause (a), stating the under lying cause last.	
burial-tronsit removol, ond		∑ YE	ERFORMED?
o f		20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item \$8)	
or use as cremation,		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o.m. 19 While Not while at wark	(State)
be detached fo for ta buriot, ci		21. I certify that I attended the deceased from Sept., 1959, to 14 NAV., 1959, that I last saw alive an 1959, that I last saw alive and I last saw ali	
2	/	PHYSICIAN'S J. Edwin Fassett Cambridge Md.	
page 3 sho the registror		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) TRAPPE CEM TRAPPE IN	(State)
(4)		23. FUNERAL DIRECTOR'S SIGNATURE CONTINUED CON	



13009

13017

Page Dies No

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		COUNTY Talk	007	٨	SARYLAND	2. USUAL RESID	Mary	1 1 1	If institutions COUNTY	Residence before	odmission)
		CITY OR TOWN (I	f outside corporate limits overt terro)	, write c LENGTH OF	STAY IN 16	CITY OR T	. 1	utside carporate lin		AL and give neares	i town)
1		d. NAME OF HOSPI OR INSTITUTION		ve street oddress)		d. STREET A				1	IS RESIDENCE ON A FARM? ES NO ()
		NAME OF DECEASED (Type or print)	Char	1 12	ddle GOG	Ross.		4. DATE OF DEATH	Month Wwmbul	e 23	Year 19 <i>5</i> 9
	5 5	m	U =		ORCED 📋	Tel. 19	189	S	h 41 1	UNDER I YEAR IF	UNDER 24 HRS. lours Min.
/	100	during most at work	ON (Give kind of work do ling life, even if retired) KLCA	ane 10b. KIND OF BUSINE	SS OR INDUS	TRY 11. BIRTHAPO	CE (State of	Trus		12. CITIŽEN OF	WHAT COUNTRY?
	13.	FATHER'S NAME	u Pise	/		14 MOTHER'S	MAIDEN N	AMAE a.	Carpe	u	
	15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FORC (II yes, give wor or dates of ser	2/7-28-	47c6/1	to C. A	Pa	es.	He	e Comt	, Rel
			TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ay, which mediate	ase per line for (g). (b). one	ary .	Occlus	Heis	of Du	Iddi"at	Cfe	AL BETWEEN AND DEATH HA.
ŧ	CERTIFICATION	1.	-	Alla GEL	en Mi	for the	Z				WAS AUTOPSY PERFORMED? ES NO NO
		29d, ACCIDENT WA OR-CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW INJU	RY OCCURRED	. (Enter nature of	injury in P	art I ar Pafi II of i	tem 18.)		
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manih, Day, Year 19	While Not while of work		CE OF INJURY (Hory, street, office			vn)	(County)	(State)
		21. I certify the alive on	of I attended the VCV 23	and a second	hat death	17		M, fram the DDRESS (Street, c	causes and	hat I last saw I on the date te)	
1		PHYSICIAN'S NAME (Type)	ONALDF	BARKLEY	/		1 A.	STON',	MD.		
	229	BURIAL CREMATIO REMOVAL (Specify)	N, 226 DATE THEREOF	59 200 NAME OF	CEMETERY OF	CREMATORY_	luy	nd location (Easton	City, town, or c		(State)
	23.	FUNERAL GIRECTOR	SSIGNATURE	Carlo	1)	Kd.		BY REGISTRAR V 2 7 '59		AR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retribed by the hospital or attending physician.

TO FUNERAL ECTIVE: After this certificate has been signed by the attending physician and campletely filled ipper the funeral director, page 3 shaped by the certificate has been signed by the please remove carbon papers. Pages 1 at should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



	MARYLAI	ND STATE DEPARTM	JENT OF HEALTH—B	ALTIMORE, 18	13010
	13019		ATE OF DEATH	Reg	g. Dist. No.
	PLACE OF DEATH a. COUNTY Tolbat b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest fown)	MARYLAND rite c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deco. STATE MARY 16. 1 c. CITY OR TOWN (If dutside of	nd b. COUNTY	Talhot
	d. NAME OF MOSPITAL (If not in hospital, give store in the spital of the	reel address)	d. STREET ADDRESS	±2	IS RESIDENCE ON A FARM? YES NO
2	NAME OF DECEASED First (Type or print) SEX 16. COLOR OR RACE 17.	Middle S	CICITION	ATH November	Day Year 6 1959 NDER I YEAR IF UNDER 24 HRS.
*	.44	MARRIED NEVER MARRIED DIVORCED	December 10,1807	9. AGE (In years lef UI lost birthday) Mon	
L	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	106. KIND OF BUSINESS OR INDU	GERMANY	ign country) 12	U.S.A.
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? III yes, give wer or doring of service)	16. SOCIAL SECURITY NO 17.	14 MOTHER'S MAIDEN NAME SCOLIS INFORMANT MAS IL IL IN	Saathoff Bun Vall	11 Renegative
	18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 44.20./ DUE TO	per line for (a), (b), and (c).	Lilen)		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u>	Cornay a	Au selvon		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIO				PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D (Enter nature of injury in Part La		`)
MEDICAL	Hour o.m.	Od. INJURY OCCURRED 20e. Pl Yhile Nat while fa t wark at wark	ACE OF INJURY IHome, form, 20f. ictory, street, office bldg., etc.)	(City or town)	(County) (State)
	21. I certify that lyattended the decalive on the		1950, to 6147 accurred at 5125 P.M.		at I last saw the deceased on the date stated above.

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 270. BURIAL CREMATION, REMOVAL (Specify) 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

HARRISON

22d-LOCATION (City town,

23 FUNERAL DIRECTOR'S SIGNATURE

POORESS

240 REC'D BY REGISTRAR DATE NOV 1 2 '59

246. REGISTRAR'S SIGNATURE

(State)

may be relai VS A1S (4) 15M 9/SS

the registror

page 3 sha

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

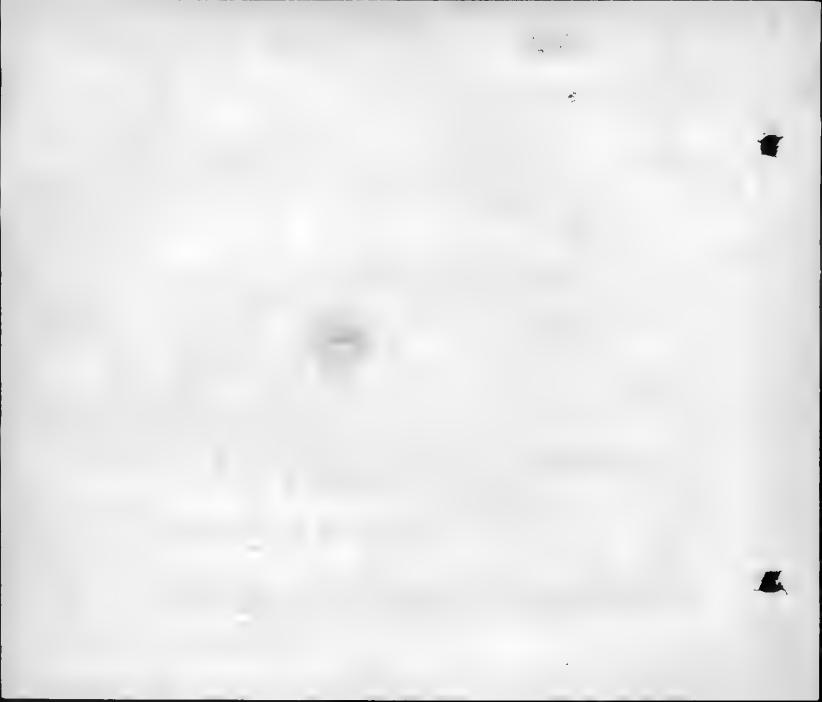
De detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 a priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

ined by the haspital ar attending physician.

**AECTOR: After this certificate has been signed by
be detached for use as the burial-transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

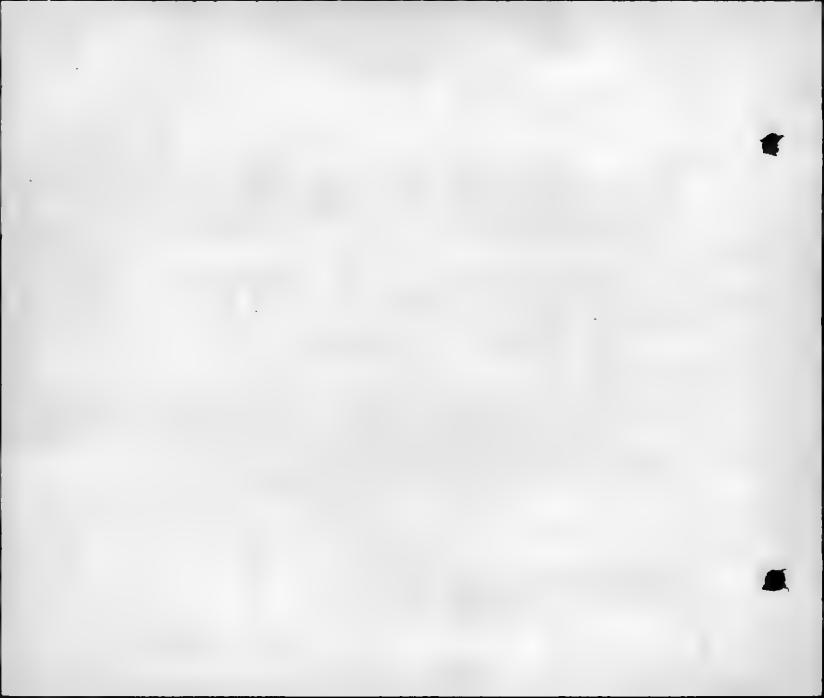
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CERTIFICATE OF DEATH

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Ren. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside cosperate limits, write C. LENGTH OF STAY IN 15 c. CITY OR TOWN-Uf Sutside corporate limits, write RURAL and give negrest town) RURAL and give negrest tower d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OP INSTITUTION ON A FARM? YES | NO | NAME OF Middle Sama sloss 4. DATE Month Yeor DECEASED OF DEATH (Type or print) 100 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED TI 9. AGE (In years lost birthday) IF UNDER I YEAR! IF UNDER 24 HAS 5. SEX 8. DATE OF BIRTH Hours DIVORCED [7] WIDOWED P 10g. USUAL OCCUPATION (Give hind of work done 10b KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (Stole or foreign counts) 12. CITIZEN OF WHAT COUNTRY? during/host of working e even of retired) WILLIAM 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U/S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if any, which gove rise to immediate DUE TO cosse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16:119, WAS AUTOPSY PERFORMED? YES IN NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type 226 BURIAL CREMATION, L226 22c. NAME OF CEMETERY OR CREMATORY 22d LOSSION (Cibs town, or county) (Stote) REMOVAL (Specify) 23. FUMERAL DIRECTOR'S SIGNATUR ANDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Colleg S. Krous

ne funeral director, hould be filed with deoth. havrs death. ofter c certificate affending ģ gned Per puo CTOR: Š HOSPITAL may be r 5 FUNER/ c o 2 VS A1S (4) 15M 9/55



Page files. Health, ö retari Page Office along with form PM3. F File poges ē Exorainer D Chief Medical shmutd

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2:52 AM. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Besidence before admiss on) o. COUNTY MARYLAND CITY OR TOWN (If pulside corporate limits, write RURAL (If outside corporate limits, write RURAL and give nearest town) OR INSTITUTION (final in happital, give street address) d. STREET ADDRESS 4. DATE DECEASED (Type or print) DEATH 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED ER MARRIED B B DATE OF BIRTH Months WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of yorking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? CAROLINE RULTRY Kabarer FARMS, INC. IN MOTHER'S MAIDEN NAME 13. FATHER'S NAME EVER IN U. S. ARMED FORCES? Address give war at dates at service) 104 ILMINGTON, DELAWARE 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Fort f or Part if of item 18) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.) Not while en en at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection Y opinion death resulted from: Natural causes 🚺, 🗆 Accident . Suicide , Hamicide , Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER shauld FUNER DEPUTY MEDICAL EXAMINER TY

Ö VS A15ME

REMOVAL (Specily) FUNERAL DIRECTOR'S SIGNATURE

22d LOCATION (City, town, or county)

(Stole)

a. IS RELIDENCE ON A FAPM? YES | NO 🔯

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NOF

(State)

and in my

DATE SIGNED

HILL ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

(County)



			MENT OF HEALTH—BALTIMORE, 18	0.1.0
1	L	13031 CERTIFIC	CATE OF DEATH Reg. Dist. No.	013
,1	1,	PLACE OF DEATH o. COUNTY Talbot MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission on STATE Maryland b COUNTY Talbot	on)
		b. CITY OR TOWN (If autside corporate limits, write RURAL and give neglect fawn) **EIChaels** **Lichaels** **Li	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) * St. Michaels)
X		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS o. 15 RESII ON A YES	
	3.	NAME OF DECEASED (Type or print) FLORENCE SEWALL	CMTMU OF NORTH	eor 9 59
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH July 26, 1866 9. AGE (In years lif UNDER I YEAR IF UNDER 1986) 93 yrs. When the Doys Hours life in the lif	
	10	to. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11 BIRTHPLACE (Stote or foreign country) Brookline, Mass. USA	COUNTRY
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15	I. S. Getchell . WAS DECEASED EVER IN U. S. ARMED FORCES? 18, SOCIAL SECURITY NO. 17.	Morgiana Sewall	
	ÜÝ	es, no or unknown) [16 yes, give wor or dated of service)	rs. Eleanor F. S. Kerr, S. Michaels	n. Me
•		18 CAUSE OF DEATH [Enter only one cause persine for (a), (b), and (c)/]	Final 1/20 INTERVAL BET ONSEE AND I	WEEN
		PART 1. DEATH WAS CAUSED BY:	-121 MG/19 30 mg	111
		Conditions, if ony, which)	al lill les 48	/1
		gave rise to immediate couse (a), stoting the under	May any	4 4 .
		lying couse lost. (c)	V	
0	CERTIFICATION	PAM IV OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFOR	
	TIFIC	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part t or Port II of item 18.)	NO []
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. While Nat while	PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stale)
	A	**2 //		
		21. I certify that I attended the deceased from 2 1/2	19 7 to 1 10 19 19 that I lost saw the c	
		alive an 127, and that dea	th accurred at 3.50 L M, from the causes and on the date stated ADDRESS (Street, city or town, state). BAI	d abov
- 1		SIGNATURE - RAW WILLY	MD. 1919480) ST. Michaels Hd	5lin
		PHYSICIAN'S R. LANE WROTH, M.D.		
	224	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	}
	23	BUFTAT Nov 6,1959 Louden Par	rk Cemetery Baltimore, Maryland	
		Ham Retorn Francismo It ?	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CITCHES DATE NOV 9 159	
-			Call	



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOI	RE, 18
	13020 CERTIFICATE OF DEATH	Reg. Dist. No. 14175
M)	O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If STATE ST	institutions Residence before admission) OUNTY (
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EHSTON 9 Hours RURAL C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
٠٠٠)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HOSPITAL HOSPITAL G. STREET ADDRESS P+ # 3	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) GECKGE, Middle STANFORD DEATH	Month Day Yeor
5	5. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH, 10 1885 9. AGE (III lost birth 10 1885 72	n years IF UNDER I YEAR IF UNDER 24 HRS thday) Months Days Hours Min
14	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
	3. FATHER'S NAME CITCRGE STANICRD 14. MOTHER'S MAIDEN NAME SARAH	SUTTON
(1)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (If yes, give wor or doles of service) 16 SOCIAL SECURITY NO 17. INFORMANT AND 17. INFORMANT AND 18. INFORMANT AND	-Address RT 3 CENTREVILL
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b) (CKCNAKY AND GENERALISED)	bYEARS
2	Couse (a), stating the under Due to Hard Course to lying couse tost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS	
Z.18	20a. ACCIDENT WAS UNDERLYING TO COURSE HOW INJURY OCCURRED (Enter nature of injury in Part & or Part II of item (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES X NO
1471034	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work.	(County) (State
		19,that I last saw the deceas
	ACTUAL SIGNATURE KENT UE 2007 - M.D. 105 Churching	
/	PHYSICIAN'S UT. KENT YOUNG CONT. IL'	11.2
2	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, TAMOVAL (Specify) 1.2/2/59 New Dawn Elm	town, or county) (State)
2:	23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 241	b REGISTRAR'S SIGNATURE CITCHING S. Krauge



VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13014

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		Arg. Dist. 110.
	O. COUNTY TALBOT MARYLAND	a. STATE B. COUNTY A. COUNTY A. C. COUNTY B. COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 10 1912 Off home of daughter	c. CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) (Mrs. Scott Kilmon, daughter)	d. STREET ADDRESS HOORCHARD DA ON A FARM? YES NO PROPERTY OF THE PROPERTY OF T
	3. NAME OF DECEASED (Type or print) Margaret Short	Losi 4. DATE Month Doy Year OF DEATH // - 23 1959
	F WIDOWED DIVORCED 3	DATE OF BIRTH 9. AGE (In years lost birthday) 4. 18 1
	10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)	BRATO MOL
1	13. FATHER'S NAME LORY	14. MOTHER'S MAIDEN NAME FLORA
1	IV	ORMANT Address FINEHURST Rel
	200. ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURRED. (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ACUD (Enter nature of injury in Part II ar Part III af item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Not while of work at work	E OF INJURY (Home, form, 120f. (City or town) (Caunty) (State) ry, street, affice bldg., etc.)
1	21. I certify that I attended the deceased fram 9 2 8 alive an 12 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	D. ADDRESS (Street, city or town, stolet) DATE SIGNE D. 1-23 - 5 9
	220. BURIAL, CREMATION, 221. DATE THEREOF 22c. NAME OF CHMETERY OR CO. 27, 19 Hours of the control of the contr	en com Branky Dute 1859
	23. FUNERAL DIRECTOR'S SIGNATURE THOMAS JICENSON Y INC. 1650 140 1111/18	24d. REC'D'BY REGISTRAR 24b REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13021

CERTIFICATE OF DEATH

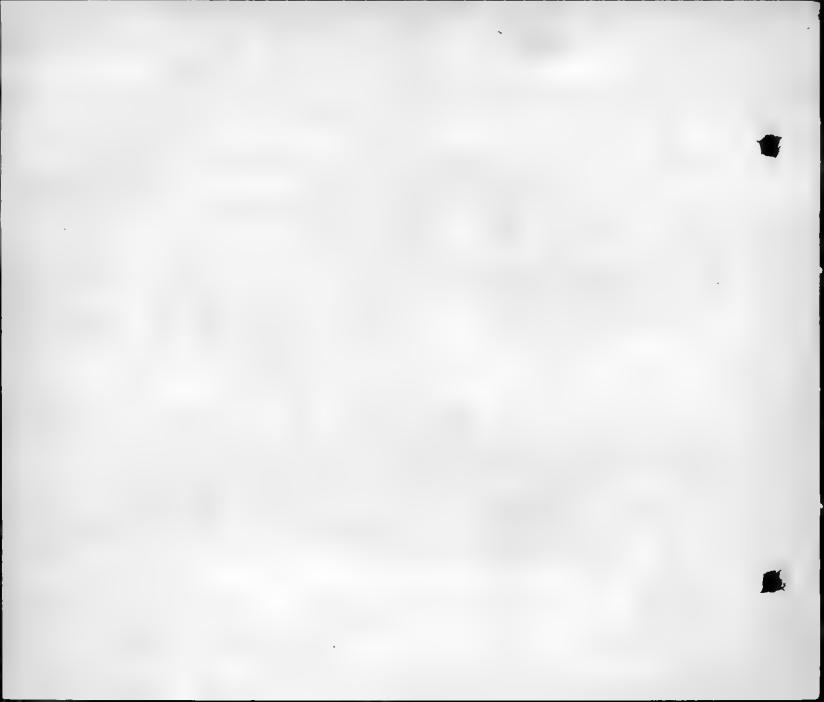
Reg. Dist. No.

1	3	{ }	1	

	1. PLACE OF DEATH O. COUNTY A L'BUTT MARYLAND	2 USUAL RESIDENCE (Where deceased fived If Institution, Residence before admission) o. STATE TILL AWAKE.b. COUNTY					
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) WILMINGTON 8 46 X					
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A HISPITAL (HS10)	2402 NEWLOKT GAP MKG ON A FARMY YES NO W					
	3. NAME OF DECEASED (Type or print) HELEN E. TAYLOR 4. DATE OF DEATH NOVEMBER 30 195						
	FEMALE WHITE WIDOWED DIVORCED	JUNE 29 1881 P. AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if setired) HOUSE KEELER	PENNSYLVANIA U.S.A.					
	13. FATHER'S NAME WILLIAM TAYLOR	SERGH CLIZAPETH HUITI.					
	13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN 191. no or unbrown 1919 yes, give wor or dates of vervice 162-28-18	MARY BRITOW 2 - WILLIAM TON SEL					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	DIAL INFARCTION INTERVAL BETWEEN ONSET AND DEATH 3 DAYS					
	Conditions, if ony, which gove rise to immediate couse (o), stating the under. DUE TO	ZED ARTERIOSCLEROSIS YEARS					
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m. While Not while of work of work of work	CE OF INJURY (Home, farm, 20f (Cily or lawn) (County) (Slale) ory, street, office bldg., etc.)					
	- 11 st - 11	occurred at 2 F.M., fram the causes and an the date stated above. ADDRESS (Street, gity or town, state) DATE SIGNED					
1	ACTUAL SIGNATURE TO LIVE AND L	10. 105 Christilf with the					
	NAME (Type) 270. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR	CREMATORY 22d. JOCATIONY(City, Joyne, or coupty). (1701e)					
	REMOVAL (Specify) 3/3/59 Cofford 23-FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Offord Chister C. 1a					
	F. Carl Tyson Repens June	DATE DEC 3 '59 Carina S. Krous					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL VECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shapes as the burial-transit permit. Then please remove carbon papers. Pages 1 c. should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



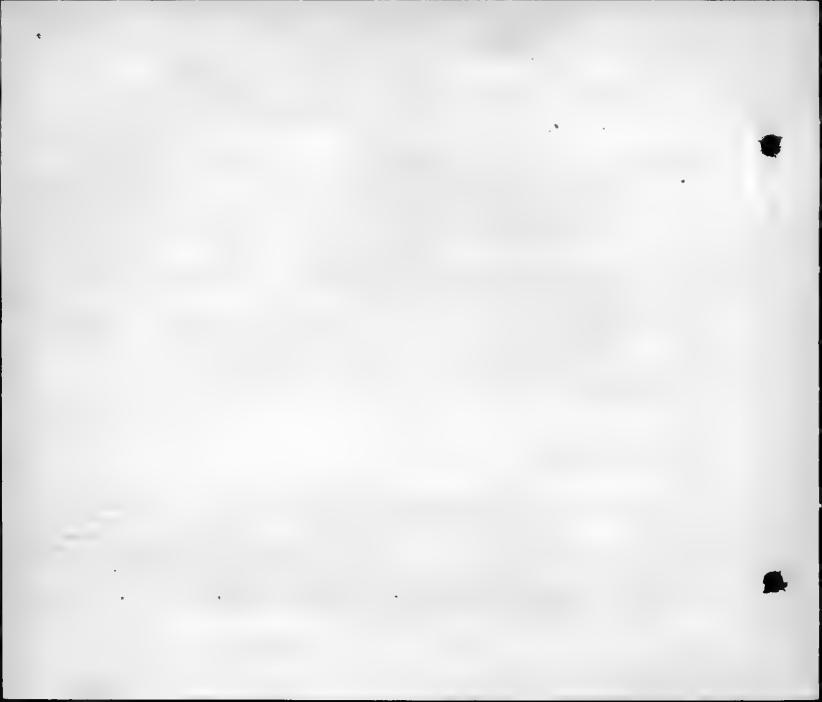
VS A15 (4) 15M 9/55

13022

20066		Keg. Dist. No.			
1. PLACE OF DEATH o. COUNTY JULIAT	MARYLAND	2. USUAL RESIDENCE (W) o. STATE RESIDENCE		If institution presidents.	dence before admission)
b. CITY OR TOWN III outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN/Iff geraide corporate limits, write RURAL and give nearest town)			
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 1.25 S. Hanson	oddress)	d. STREET ADDRESS	Conser	n At-	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Homes	Headrill	Twin eye	4. DATE OF DEATH	Month	8 Day Year 1959
M. WIDOWE		Sure 9 188	83 101	birthdoy) Month	
100. USUAL OCCUPATION (Give kind of work done 10 drying men of working life, even if retired)	elly falling	an Karolin	tu Augh	1 mg 12.	CITIZEN OF WHAT COUNTRY
13. FATHERS NAME Tweeley	/ `	14 MOTHER'S MAIDEN N	NAME /	raple	
15. WAS DECKASED EVER IN U. S. ARMED FORCES? 16. (Yes, 90 acustinous) [If yes, give wor or globs of service)	6-03-752	Mes Mille	Micel	MAddress Willey,	Easin Wil
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0]	e for (a), (b), and (c).	ke			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate case (o), stating the under	/+ C	VD.			
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURE	ED. (Enter nature of injury in	Port I or Part II af i	ilem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN White at work	Not while	LACE OF INJURY (Home, form actory, street, office bldg., etc	n, 20f. (City or tov	vn)	(County) (Stole)
21. I certify that I attended the deceased fram					
PHYSICIAN'S P.E. C	δX				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
220 BURIALY CREMATION, REMOVAL (Specify) 226 DATE THEREOF	22c. NAME OF CEMETERY	eef	Gar	City, town, or county	RI
23. FUNERAL ONECTOR'S SECURITURE	Erelon	240. REC'	D BY REGISTRAR)V 1 2 '59	24b. REGISTRAR'S	



director, iled with Filed hours ofter death? funeral should Pug carbon after, physician hours remove deoth ᇻ requires that á permit. Sup. has been signed pwo buriol-transit removol, certificate os the oched for use 100 SEC S FUNER ന poge 0 VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13024 CERTIFICATE OF DEATH director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY h COUNTY filed MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write uneral c. LENGTH OF STAY IN 16 c. CITY OR TOWN-419 outside corporate limits, write PURAL and give negrest town) pe PLIPAL and give peacest towals ploods d. NAME OF HOSPITAL (If not in hospital, give street oddress). A STREET ADDRESS OR INSTITUTION NAME OF First 4. DATE Middle DECEASED DEATH (Type or print) within 6. COLOR OR RACE 7. MARRIED FT NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX B. DATE-OF BIRTH Months WIDOWED FOR DIVORCED | YCS. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTIPLACE (State of Pareion country) 12. CITIZEN OF WHAT COUNTRY? death. during host of working life, even if retired) puo muce ofter 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME physician certificate hours геточе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Iff yes, give war by dates of service) 72 attending death within CAUSE OF DEATH [Enter only one couse per line for (0) 10), and (c).] -d PART I, DEATH WAS CAUSED BY: ar emanuel that the IMMEDIATE CAUSE (o) DUE TO of the colon à E. ony Conditions, if ony, which gned gove rise to immediate DUE TO per couse (o), stoting the underlying couse lost. burial-transit (c) removal, 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED USe factory, street, office bldg., etc.) Hour e. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram, and that death accurred at \$145 by the ECTOR: ADDRESS (Street, city or Jown, state) ACTUAL priar Clus PHYSICIAN'S

FUNER age 3 sl 0 VS A15 (4)

15M 9/55

INTERVAL BETWEEN ONSET AND DEATH 3kes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES T NO T (County) (State) ... 1952 that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED MARITISON NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL EREMATION. 22W. BATE THEREOF 22d. LOGATION (City/town, or county) (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEDEC ariling & Kraus

e. IS RESIDENCE ON A FARM?

Day

Drivs

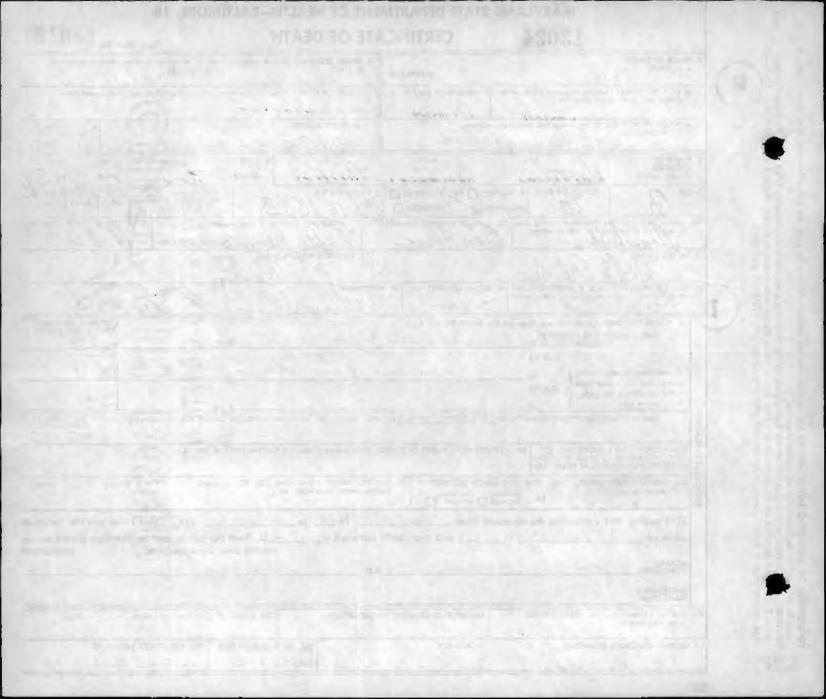
YES NO ID

Year

10

Min

Hours



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY files. Health, MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest lown) 9 30 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES NO P refain Stol NAME OF First Middle 4. DATE Month Doy Years DECEASED DHN (Type or print) SON DEATH 1959 6. COLOR OR RACE 5. SEX 7. MARRIED T NEVER MARRIED . 8. DATE OF BIRTH P. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED [] DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY dyring most of working life, even if retired) 11. BIRTHPLACE (State or loreign country) puo 12. CITIZEN OF WHAT COUNTRY? LERI Give Pages h form PM3. poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME F. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, on, er unknown) (If yes, give wor or dates of service) YES with 18. CAUSE OF DEATH [Enter only one couse per-litte for (a), (b), and (c), INTERNA BETWEEN Glong PART I, DEATH WAS CAUSED BY: ARTIAL DECAPITATION IMMEDIATE CAUSE (O) DUE TO E TUTO ACCIDENT Conditions, if ony, which gave rise to immediate couse **DUE TO** (o) slating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY D PERFORMED? 0 Medical YES T NO BE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. pieo 4 Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) sh (County) (Stole) Not while factory, street, office bldg., etc.) While VO 1959 at work at work Poge 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection | Inquiry X and in my warded I apinion death resulted from: Natural causes Accident No. Suicide . Homicide . Undetermined manner designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Should DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 122b. DATE THEREOF 22d. LOCATION (City, lown, or county) (State) 20 70 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAD 24b. REGISTRAR'S SIGNATURE VS. ATSME NOV 25 '59 arthur S. Haus 9 5M 2/57

HEADO TO STADESTIES THE WHAT LISTED HOME The second secon